Approved for use through 7/31/2006. OMB 0651-0032

Under the Paperholk R	eduction Act of 1995, r	o persons are re	quired to respon	d to a collection of t	nformation unles	<u>∼ n uispi</u>	DEPARTMENT (control number
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO 575						Application & Septentiumber GY		
APP	LICATION AS FIL	ED - PART I	l				/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(Column 1) .	(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR BASIC FEE	NUMBER FILEC	NUM	IBER EXTRA	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
(37 CFR 1.16(a), (b), or (c)) SEARCH FEE	<u> </u>		·		395			790
(37 CFR 1.16(k), (i), or (m))			· ·					110
EXAMINATION FEE_ 37 CFR 1.16(0), (p), or (q))	-		···					
FOTAL CLAIMS 37 CFR 1.16(i))	minus :	20 = .		x 98 =		OR	,(50)	
NDEPENDENT CLAIMS 37 CFR 1.16(h))	minus	3 = .		x /(1) =		OR .	\(\frac{1}{2}\)	
PPLICATION SIZE	If the specification	and drawings	exceed 100	7.00	 		× 700 =	
APPLICATION SIZE			reach .		† • } - • -			· · · · · · ·
35 U.S.C. 41(a)		ets or fraction t)(G)∙and 37 Cf	hereof. See FR 1.16(s).			l		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 4.16()				189		ŀ	7/0	
If the difference in column 1 is less than zero, enter "0" in column 2,			TOTAL		L	360		
,				TOTAL	<u> </u>			
AFFEICA	TION AS AMEND	ED - PARTI	1					
	otumn 1)	(Column 2)	(Column 3)	SMALL	ENTITY	ux	SMALLE	MTITY "" ""
C 1 1 1 1 1 1 RE	CLAIMS EMAINING	HIGHEST NUMBER	PRESENT	RATE (\$)	ADOI-	Γ	RATE (S)	
AM	AFTER ENDMENT	PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE (S)	•	(XIE (3)	ADDI- TIONAL
ATOTO LIAM	5 Minus	<u> </u>	=	×25=		c:. -	50	FEE (SY
137 CFR 1 1640)	3 Idinus	3		100 =		CF ·	200	·
Confeet on Strategy	MATORE (1975)							
FIRST PRESENT AT . ON	OF MULTIPLE DEPENDE	NT ÇLAM (ST C	Altegy (180		OH.	360	
			•	TOTAL ADDILFES	**.	CR :	FOTAL ADD/LFEE	1
	Numa-1		- (Cctumn:3)					
) . R9:	MAINING	MUMBER	PRESENT	FATE 151	400	. [-	F1/ T1 +8.	
A134	ADMENT	PREVIOUSLY PAID FOR	ENTRA		T	į	F. 41 12.	
Contracting of the contraction o		••		25		:	50	
Independent (37 CFR 1.16(h))				×100				
(37 CFR 1.16(h)) Application Size Fee (* <u>`</u>	200	——
FIRST PRESENTATION OF MULTIPLE DEFENDENT CLAIM (AT CAR MILE)				180			360	
	·			TOTAL ADDITION			JAIC	
• If the entry in column	I is less than the entry	in column 2, write	: 10° in column 3.	ADD'L FEE		VI	DD1.FEE	
" If the "Highest Number	Previously Paid For I	N THIS SPACE E	s less than 20, er					
collection of information	in consider the and for (1)	or independe	int) is the highest	number found in th	e appropriate bo	k in colu	mn 1.	
MODERAM DRIDGOISE DOLL	god at the most time the				viculou is estima	3160 10 1:	ke 12 minutes to	
amount of time you requademark Office, U.S. De	ure to complete this for	m and/or sugges	tions for reducing	this burden, should	depending upor the sent to the C	the indi	vidual case. Any	comments

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.